Copied to # 12784

12756

Dr Yeaman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island.
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Mr Willie (Middle) Campbell (Last) Abbott.

4. DATE OF DEATH (Month) (Day) (Year) December 21 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 4-1873
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Waterman
10b. KIND OF BUSINESS OR INDUSTRY Oyster Boat
11. BIRTHPLACE (State or foreign country) Deal Island Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Abbott
14. MOTHER'S MAIDEN NAME Catherine Abbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Charles Webster (Daughter)

18. MEDICAL CERTIFICATION Deal Island Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease.

108

(c) Pneumonia Lobar.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1950, to Dec 21, 1950, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 5:55 P m., from the causes and on the date stated above.

SIGNATURE John H. Yeaman (Degree or title) M.D. ADDRESS 238 Camden Ave; Salisbury Md. DATE SIGNED 12/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 24 -50
NAME OF CEMETERY OR CREMATORY St. Johns Church Cemetery
LOCATION (City, town, or county) Deal Island (State) Md.

DATE REC'D BY LOCAL REG. 12-23-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Company - Salisbury, Md. ADDRESS

Walter R. Holloway 900 V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12757

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland — LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadowridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location) Meadow Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Brown (Last) Adkins
4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: June 15 1894
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lewis Brown
14. MOTHER'S MAIDEN NAME: Zadora Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wilmer Adkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 1 Da.

942 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Lee L Lawry (Degree or title) M.D. ADDRESS Fruitland DATE SIGNED 1-2-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/31/50 | NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park | LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 1-2-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR ADDRESS The Tull & Johnson Co. Charles C. Tull II

RECEIVED
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U.S. ARMY

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1220 Freemont Ave

3. NAME OF DECEASED (Type or Print) (First) Katie (Middle) (Last) Barrett

4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1950

5. SEX female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH unknown
9. AGE last birthday ~ 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Yorkville, S.C
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Berry Lastes
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aspiration pneumonia (~~[illegible]~~ — INTERVAL BETWEEN ONSET AND DEATH ~5 days

493 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death a) Left cerebrovascular accident (twice). b) Hypertensive cardiovascular disease — 12 no & 8 wks.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1950, to Dec 26, 1950, that I last saw the deceased alive on Dec. 26, 1950, and that death occurred at 5:27 P. m., from the causes and on the date stated above.

SIGNATURE Axel A. Paas, M.D. (Degree or title) ADDRESS Deer's Head State Hosp., Salisbury, Md. DATE SIGNED 12/26/1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/30/50
NAME OF CEMETERY OR CREMATORY Mt. Auburn
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/29/50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Lottie Gross 1408 Ashland ave. ADDRESS

XVX99

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12759

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 50yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LILLIE	Cushman	Brady	12	31	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		Sept 7, 1866	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Household Duties	Own Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Osborne A.S. Brady	Annie Elizabeth Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	no	Mrs. Graham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 Day

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

Gda (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 31st, 1950, to Dec 31st, 1950, that I last saw the deceased alive on Dec 31st, 1950, and that death occurred at 9:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Emrich	M.D	Helen Md	Jan. 2-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/3/51	Quantico Cemetery	Quantico Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-8-51	Mary W. Holloway	The Toy & Johnson Co. George C. Toy II	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12760

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Io8 Isabella St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) Chestnut Street

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Hester (Last) Carter
4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 19 50

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. I8- 1867
9. AGE last birthday: 83 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At own Home
11. BIRTHPLACE (State or foreign country): Worcester Co.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sampson Shockley
14. MOTHER'S MAIDEN NAME: Amelia Haddock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mr. Eddie S. Carter -Chestnut St. Hebron Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-sclerosis - Congestive Heart Failure

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15, 1950, to 12-23, 1950, that I last saw the deceased alive on 12-23, 1950, and that death occurred at 8:40 A.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Fred D. Gramie M.D. Salisbury, Md 12/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 26-1950 | NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery | LOCATION (City, town, or county) (State): Mrs Snow Hill Worcester Co. Md.

DATE REC'D BY LOCAL REG. 12-26-50 | REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR | ADDRESS: Holloway & Company - Salisbury, Md.

Walter R. Holloway

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De Soller

12761

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 East St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DELMAR
STREET ADDRESS (If rural, give location) 105 EAST ST.

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) CATHERINE (Last) CAUSEY

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Dec. 14, 1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Bartlett

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Karl Stahre

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis, left with hemiplegia, right — Interval between onset and death: 3 days

332 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

834

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1946, to Dec. 14, 1950, that I last saw the deceased alive on Dec. 14, 1950, and that death occurred at 6:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. H. Soller M.D. — ADDRESS Delmar, Del. — DATE SIGNED 12-15-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/16/50 — NAME OF CEMETERY OR CREMATORY: Wico. Memorial Park — LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG.: Dec. 16. 1950 — REGISTRAR'S SIGNATURE: Harry E. Hudson

24. FUNERAL DIRECTOR — ADDRESS: The Tull & Johnson Co. Salisbury, Md.

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DEC 20 1950
REAU. V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12762

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards — LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards
STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) T. (Last) Cooper
4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 12 1877
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman
10b. KIND OF BUSINESS OR INDUSTRY: Logger
11. BIRTHPLACE (State or foreign country): Whaleyville
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles W. Cooper
14. MOTHER'S MAIDEN NAME: Mary Dennis.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Edith Cooper Willards Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Myocarditis Chronic — 5 yrs

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to 12-28-50, 19..., that I last saw the deceased alive on 12-28-50, 19..., and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank R Lima — Willards Maryland — 12-30-50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: Dec 31, 1950 — NAME OF CEMETERY OR CREMATORY: I.O.O.F. — LOCATION (City, town, or county) (State): Bishopsville, Md.

DATE REC'D BY LOCAL REG. 1-3-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: M. Pasha Watson — ADDRESS: Selbyville Del

88 73

RECEIVED
JAN 6 1951
BUREAU OF

Evidence for change in #8 shown on: Dr Radamaker

FILM No. G 130 JAN 3 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12763

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) R. D. # I

3. NAME OF DECEASED (Type or Print): (First) Austin (Middle) James (Last) Dale

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 26- 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist In Factory

10b. KIND OF BUSINESS OR INDUSTRY: Packard Auto Plant.

11. BIRTHPLACE (State or foreign country): Stafford Shire England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown Dale

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr. John A. Dale (SON)

18. MEDICAL CERTIFICATION R. D. # I Salisbury Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 hrs

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of rectum — 1 yr

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: 4-5-50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1950, to 12/19, 1950, that I last saw the deceased alive on 12/19, 1950, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J.A. Rademaker M.D. ADDRESS: 502 No Div Salisbury Md DATE SIGNED: 12/19/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec. 20-50

NAME OF CEMETERY OR CREMATORY: Siloam M. Church Cem.

LOCATION (City, town, or county) (State): Siloam Md. Near Salisbury Md.

DATE REC'D BY LOCAL REG.: 12-19-50

REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Md.

Walter R. Holloway 332-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1950
BUREAU V. S

12764

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico (Rural)
STREET ADDRESS (If rural, give location) Green Hill Road

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Lee (Last) Dashiell
4. DATE OF DEATH (Month) Dec. (Day) 21 (Year) 1950

5. SEX M
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 8, 1949
9. AGE last birthday 1 yrs. If under 1 year Months 2 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland (Quantico)
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Crawford Dashiell
14. MOTHER'S MAIDEN NAME Mary Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Crawford Dashiell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute Cardiac Failure	5 days
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Myocarditis - Nonspecific	5 weeks
93.e	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1950, to Dec 21, 1950, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 2 36 P.m., from the causes and on the date stated above.

SIGNATURE William C. Morgan (Degree or title) M.D. ADDRESS Professional Bldg DATE SIGNED 12/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 22, 1950
NAME OF CEMETERY OR CREMATORY Quantico
LOCATION (City, town, or county) Quantico (State) Md.

DATE REC'D BY LOCAL REG. 12-22-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR C. G. Messick, Bivalve, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
DEC 28 1950
MIAMI, A.

12765

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quantico Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Quantico Rd.

3. NAME OF DECEASED (Type or Print) (First) Sydney (Middle) Elmer (Last) Dashiell
4. DATE OF DEATH (Month) 12 (Day) 9 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov. 6, 1870
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Cabinet Maker
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Benjamin Jones Dashiell
14. MOTHER'S MAIDEN NAME Sarah Rodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Elmer B. Dashiell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1950, to 12-12, 1950, that I last saw the deceased alive on 12-12, 1950, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE Philip R. Tuxley (Degree or title) ADDRESS Salisbury Md DATE SIGNED 12-12-50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/12/50
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury, Md. (State)

DATE REC'D BY LOCAL REG. 12-13-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co ADDRESS George C. Hill

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
DEC 16 1950
BUREAU V. M.

12766

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 433 Forest Street

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) Bray (Last) Davis

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 19 50

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: June 5 - 1701

9. AGE last birthday: 48 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Norfolk Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mose Bray

14. MOTHER'S MAIDEN NAME: Ida Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aspiration pneumonia — 6 days.

352 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 938

(b)

(c) Hemiplegia, R.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Cardio Vascular disease, Sickle cell anemia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 20, 1950, that I last saw the deceased alive on Dec. 20, 1950, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Axel A. Paas, MD. Deer's Head State Hosp, Salisbury Md. 12/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-23-50

NAME OF CEMETERY OR CREMATORY: Arbutus Memorial

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 12/22/50

REGISTRAR'S SIGNATURE: A. W. Pedrun

24. FUNERAL DIRECTOR: Elroy O. Wilson

ADDRESS: 1110 Bradley Ave

52086

12767

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 119 E. Isabella St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 119 E. Isabella

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Eli (Last) Day
4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept. 6, 1889
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government-Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Internal Revenue
11. BIRTHPLACE (State or foreign country): Crank.
12. CITIZEN OF WHAT COUNTRY? U.S.G.
13. FATHER'S NAME: William M. Day
14. MOTHER'S MAIDEN NAME: Emily
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No.
17. INFORMANT AND ADDRESS: Mrs Charles Day

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Valvular Heart Disease — 2 yrs

92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nervous Breakdown — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to Dec 28, 1950, that I last saw the deceased alive on Dec 27, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE: Henry R. Mann — (Degree or title): MD — ADDRESS: Salisbury Md — DATE SIGNED: 12/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/30/50 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county): Salisbury — (State): Md.

DATE REC'D BY LOCAL REG.: 1-2-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: The Hill & Johnson Co. — ADDRESS: George C. Hill II

XVX97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Mama

Dr McAllister

12768

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

C

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Granville (Middle) James (Last) Dickerson

4. DATE OF DEATH (Month) December (Day) 9 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12/5/50 at 9 a.m.
9. AGE last birthday yrs. If under 1 year Months Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Dickerson
14. MOTHER'S MAIDEN NAME Louise Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Louise Dickerson - Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Convulsions	12 hrs
774X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	—
159	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5, 1950, to 12-9, 1950, that I last saw the deceased alive on 12-9, 1950, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE Robert M. McAllister (Degree or title) MD ADDRESS 502 N. Division St Salisbury Md DATE SIGNED 12-10-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 12-10-50 NAME OF CEMETERY OR CREMATORY Peninsula General Hospital LOCATION (City, town, or county) Salisbury Md (State)

DATE REC'D BY LOCAL REG. 12-11-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS Salisbury, Md.

200050362341

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

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VS. A15

RECEIVED
DEC 14 1950

12769

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) Mr. Nelson's

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) Lee (Last) Elliott

4. DATE OF DEATH (Month) Dec (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12-6-50
9. AGE last birthday yrs. If under 1 year Months Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Salisbury Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Francis Elliott
14. MOTHER'S MAIDEN NAME Norma Elizabeth Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Francis Elliott, Delmar, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PREMATURITY (6 mos. pregnancy)	6 days.
776 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
159	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 1950, to 12-12-, 1950, that I last saw the deceased alive on 12-12-, 1950, and that death occurred at 5-30 p.m., from the causes and on the date stated above.

SIGNATURE Ernest M. Farmer (Degree or title) M.D. ADDRESS Delmar Del. DATE SIGNED 12/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-13-50
NAME OF CEMETERY OR ~~CREMATORY~~ Olyfant
LOCATION (City, town, or county) Delmar Del. (State)

DATE REC'D BY LOCAL REG. Dec. 13-1950
REGISTRAR'S SIGNATURE Harry E. Hudson
24. FUNERAL DIRECTOR W. S. Marvel Co. ADDRESS Delmar Del.

10V060171270

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 16 1960
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

12770

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD #3. (Zion Road)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) RD #3 (Zion Road)

3. NAME OF DECEASED (Type or Print): (First) Mc. Kinnie (Middle) Patterson (Last) Ellis

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 10-1881

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Carpenter & Ways yard

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Portsville Del.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mc Kinnie P. Ellis

14. MOTHER'S MAIDEN NAME: Martha Pusey Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Elsie M. Ellis (Wife) R.D. #3. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastric Hemorrhage — Interval Between Onset and Death: sudden death

784.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) unknown

118 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None — (CITY OR TOWN) nr Salisbury — (COUNTY) Wicomico — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. O. Rademaker M.D. — 502 No Div Salisbury Md — 12/1/50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Dec. 5-50 — NAME OF CEMETERY OR CREMATORY Parsons Cem. — LOCATION (City, town, or county) Salisbury Md (State)

DATE REC'D BY LOCAL REG. 12-2-50 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & C. — ADDRESS Salisbury Md

Walter R. Holloway 308 W

RECEIVED
DEC 8 1950
U.S.

Dr. Radamaker

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12771

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 137 N. Boulevard ~~Lafayette Blvd~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS (If rural, give location) 137 N. Boulevard ~~Lafayette Blvd~~

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	Wilson	Figgs	12	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Aug. 11 1876	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Locomotive Machinist	PRR Railroad	Bishopville Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wilson Figgs	Hettie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No No		Mrs. Nettie Parker (~~Wife~~ Daughter) R.D. # 3

18. MEDICAL CERTIFICATION Ocean City Road-Salisbury Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Diabetes with gangrene of toes of both feet.	1 year
260 X 61 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis, generalized	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J.A. Radamaker	Deputy Medical Examiner	Salisbury, Md. 502 N. Division St.	12/13/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 16-50	Mt. Olive Cemetery	Delmar Delaware

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-14-50	Mary W. Holloway	Holloway & Company -	Salisbury, Md.

49647

RECEIVED
DEC 18 1950

Dr Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12772

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 702 South Division St,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 702 South Division St.

3. NAME OF DECEASED (Type or Print): (First) Joshua (Middle) Leonard (Last) Freeny

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 5- 1870

9. AGE last birthday: 80 yrs.

If under 1 year: Months 1 Days 7; If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building Construction

11. BIRTHPLACE (State or foreign country): Wicomico Co, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Freeny

14. MOTHER'S MAIDEN NAME: Sallie Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Mary Ann Freeny (Wife)

18. MEDICAL CERTIFICATION 702 S. Division St. Salisbury, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular Heart Disease — Interval Between Onset and Death: Unknown

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92d (b) ___ (c) ___

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — Unknown

19a. DATE OF OPERATION: ___ 19b. MAJOR FINDINGS OF OPERATION: ___ 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ___ PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ___ (CITY OR TOWN) ___ (COUNTY) ___ (STATE) ___

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ___ INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? ___

22. I hereby certify that I attended the deceased from Dec 8, 1950, to Dec 12, 1950, that I last saw the deceased alive on Dec 11, 1950, and that death occurred at 1:40 A. m., from the causes and on the date stated above.

SIGNATURE: Thos R Mann (Degree or title) MD ADDRESS: Salisbury Md DATE SIGNED: 12/12/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 14-50 | NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park | LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG.: 12-13-50 | REGISTRAR'S SIGNATURE: Mary W Holloway

24. FUNERAL DIRECTOR: Holloway & Company * ADDRESS: Salisbury, Md.

Walter R. Holloway 30809

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

12773

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico — LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.R. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
STREET ADDRESS (If rural give location) Rt. # 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Michael	Eugene	Gale	12-8-50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	colored	baby	5/31/50	yrs.	6	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
baby	--	P.G. Hospital-Salisbury, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Broderick	Violet Gale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	----	Violet Gale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-pneumonia — 12 hrs.

491x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

107

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. A. Rademaker	M.D.	502 N. Division St. Salisbury, Maryland	12/8/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	12/9/50	Church Cemetery	Quantico Wicomico Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24a FUNERAL DIRECTOR	ADDRESS
12-9-50	Mary W. Holloway	James Blakwell	Salisbury, Md.

2-0-5-31-0-18-1-40 K

RECEIVED
DEC 13 1950
BUREAU V. S

12774

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 2 wks -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury -
STREET ADDRESS (If rural, give location) W. William St -

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Sidney (Last) Gordy, Jr.

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 21, 1873

9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker

10b. KIND OF BUSINESS OR INDUSTRY: President

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A -

13. FATHER'S NAME: William S Gordy, Sr

14. MOTHER'S MAIDEN NAME: Virginia Brewington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. S. Gordy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Lungs — about 11 mos.

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 472 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to 12/5, 1950, that I last saw the deceased alive on 12/4, 1950, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Chas. T. Fischer, M.D. 300 E. Division St, Salisbury, Md. 12-9-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12/7/50 | NAME OF CEMETERY OR CREMATORY: Parsons Cemetery | LOCATION (City, town, or county) (State): Salisbury

DATE REC'D BY LOCAL REG. 12-9-50 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: The Hill & Johnson Co. | ADDRESS

Louise H. Hill - 1569

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 13 1950
BUREAU V. S.

5:30 AM.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12775

CERTIFICATE OF DEATH

Reg. Dist. No. 331

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Wicmico; MARYLAND md.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbery; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 602 Booth St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md; COUNTY Wicmico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury md; STREET ADDRESS (If rural, give location) 602 Booth St

3. NAME OF DECEASED (Type or Print): (First) Elard; (Middle); (Last) Handy

4. DATE OF DEATH: (Mooth) 12; (Day) 12; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1898

9. AGE last birthday: 52 yrs.

If uoder 1 year: Mooths; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, eveo if retired): Plumber.

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreigo couotry): Salisbury Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Katie Garlod

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.: 214-10 9319

17. INFORMANT: Beatrice Handy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: several months

002 X

Antecedent cause(s) Diseases or cooditions, if any, giviog rise to the above cause stating the uoderiying cause last (b)

131

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contrihuting to the death hut not related to the disease or coodition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24, 1950, to 12-12, 1950, that I last saw the deceased alive on 12-6, 1950, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas F. Fiuliet M.D. 300 N Division St Salisbury Md 12-14-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-18-50	Green Acres Mem	Salisbury	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-18-50	Mary W. Holloway	Booker W West	348 W Salisbery Md.

12776

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH · COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 50 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 232 Camden Av.

3. NAME OF DECEASED (Type or Print): ~~(First)~~ Middle ~~(Middle)~~ First (Last): Reese William Harvey Sr.
4. DATE OF DEATH (Month) (Day) (Year): December 8 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec. 1, 1889
9. AGE last birthday: ~~Dec~~ 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wm Augustus Harvey
14. MOTHER'S MAIDEN NAME: Minnie Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-07-3843
17. INFORMANT AND ADDRESS: Mrs. Harriet Harvey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thrombosis of aorta — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis - generalized — 2 years

(c)

454X 61 260X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 3 yrs

19a. DATE OF OPERATION: 12/4/50
19b. MAJOR FINDINGS OF OPERATION: Thrombosis of aorta
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4, 1950, to 12/8, 1950, that I last saw the deceased alive on 12/7, 1950, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE: L A Rodenmaker MD (Degree or title) — ADDRESS: Salisbury Md — DATE SIGNED: 12/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/12/50 — NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park — LOCATION (City, town, or county) (State): Salisbury, Md.

DATE REC'D BY LOCAL REG.: 12-9-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: The Hill & Johnson Co. — ADDRESS: George C. Hill II

V1899

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 13 1950
BUREAU V. S

12777

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allen
LENGTH OF STAY (In this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allen
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Alvin (Middle) Lee (Last) Hitch
4. DATE OF DEATH (Month) 12 (Day) 27 (Year) 1950
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 25 1950
9. AGE last birthday yrs. If under 1 year Months 3 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Allen Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Lethan Hitch
14. MOTHER'S MAIDEN NAME Blanche Banks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lethan Hitch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute tracheobronchitis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho Pneumia	1 day
	(c)	

491X
107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) LaRademaker MD
ADDRESS 502 No Div St Salisbury Md
DATE SIGNED 12/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 28 1950
NAME OF CEMETERY OR CREMATORY Allen Cemetery
LOCATION (City, town, or county) Allen (State) Md

DATE REC'D BY LOCAL REG. 12-28-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Dale Dashiell, Princess Anne, Md
ADDRESS

209050297405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 30 1950
BUREAU V. S.

Hosp cert Dr Yeaman

12778

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico Co — MARYLAND md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland Sales — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. — COUNTY Wicomico Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Maggie (Middle) Mary (Last) Horgis Horgis
4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 1950

5. SEX Female
6. COLOR OR RACE Cal
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 5-29-1895
9. AGE last birthday 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Fruitland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eden Stanford
14. MOTHER'S MAIDEN NAME Elenore Brusington.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Elenora Horgis.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart disease

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Failure

93d (c) Terminal Uremia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1948, to Dec 15, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 12/15/11 p.m., from the causes and on the date stated above.

SIGNATURE John H. Yeaman (Degree or title) MD. ADDRESS 238 Camden Ave, Salisbury DATE SIGNED 12/15/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12-19-50 — NAME OF CEMETERY OR CREMATORY Green Briar cem — LOCATION (City, town, or county) Fruitland (State) md

DATE REC'D BY LOCAL REG. 12-19-5 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Booker M. West — ADDRESS Salisbury, md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1950
BUREAU

12779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walnut St. →

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) Walnut St.

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) Mae (Last) Humphreys

4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 2, 1887
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shirt Making
10b. KIND OF BUSINESS OR INDUSTRY Shirt Manuf.
11. BIRTHPLACE (State or foreign country) Maryland, Hebron
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas W. Bennett
14. MOTHER'S MAIDEN NAME Mary Ellen Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-10-7518
17. INFORMANT AND ADDRESS Hanson Gordy, Hebron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 day

420.1 Ptd

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26th, 1950, to Dec. 26th, 1950, that I last saw the deceased alive on Dec. 26th, 1950, and that death occurred at 3.45 P. m., from the causes and on the date stated above.

SIGNATURE William Emrich (Degree or title) M.D. ADDRESS Hebron-Md DATE SIGNED Dec 27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/29/50
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park
LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 12-28-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR C. T. Messick, Bivalve, Md. ADDRESS

49606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
DEC 30 1950
HEAD Y. B

12780

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jersey Rd, Salisbury, Md. Nutter's Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Jacobs
4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 1950
5. SEX Male
6. COLOR OR RACE a a
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH about 1860
9. AGE last birthday about 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Stockton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mrs. Madelyn Nutter - Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
605x	Immediate cause	(a) Bronchitis	3 days
106c	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cystitis	3 months
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1st, 1950, to Dec. 14, 1950, that I last saw the deceased alive on Dec. 12, 1950, and that death occurred at 7 30 A.M., from the causes and on the date stated above.

SIGNATURE G. Herbert Sembly (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 12/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-18-'50
NAME OF CEMETERY OR CREMATORY Stockton Cemetery
LOCATION (City, town, or county) Stockton, Worcester Co. (State) Md.

DATE REC'D BY LOCAL REG. 12-16-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR James B. Cashiell, Salisbury Md. ADDRESS

866VV

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12781

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicimico; STATE Md MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md.; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Gen Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Wicimico Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md; STREET ADDRESS (If rural, give location) 605 Church St

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) G (Last) Johnson

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1892

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Salisbury Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Johnson

14. MOTHER'S MAIDEN NAME: Leddie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Anna Purnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Failure	Week
592 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Hypertension	Unknown
	(c) Chr. Nephritis	3 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) Salisbury (COUNTY) Wicimico (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1950, to Dec 16, 1950, that I last saw the deceased alive on Dec 16 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G H Lemby MD Salisbury Md 12/19/50

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial | DATE THEREOF: 12-20-50 | NAME OF CEMETERY OR CREMATORY: Glen Hill Cem | LOCATION (City, town, or county): Parsonsburg (State): Md

DATE REC'D BY LOCAL REG.: 12-20-50 | REGISTRAR'S SIGNATURE: Mary M Holloway | 24. FUNERAL DIRECTOR: Brooke W Leach | ADDRESS

520 26

RECEIVED
DEC 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12782

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wetipquin
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS near

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P. O. Quantico
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) (Last) KENNEY

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 2-9-1889

9. AGE last birthday: 61 yrs. If under 1 year: Months 10 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Wetipquin, Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Joseph Cooke

14. MOTHER'S MAIDEN NAME: Mary F. Rodell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Alonzo Kenney, Quantico, Md. Rt #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — 20 Min.

1310 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Arteria Sclerotic Cardio Vascular Renal Disease — UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Dec., 1950, to 10 Dec., 1950 that I last saw the deceased alive on 10 Dec., 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Quantico Md. 12/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12-13-50 | NAME OF CEMETERY OR CREMATORY: Odd Fellow Cemetery | LOCATION (City, town, or county) (State): Wetipquin Wicomico Co. Md.

DATE REC'D BY LOCAL REG.: 12-12-50 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR ADDRESS: James B. Dashiell, Salisbury, Md.

RECEIVED
DEC 7th 1989

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12783

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 2037 Division St

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Lee (Last) Mason

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov 8, 1877

9. AGE last birthday: 72-3 yrs.; If under 1 year: Months 7, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Oak Hall Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Southey Mason

14. MOTHER'S MAIDEN NAME: Sallie Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: J. Wellington Mason

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) Arteriosclerosis — Interval Between Onset and Death: remote yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22-, 1950, to 12/8-, 1950, that I last saw the deceased alive on 12/7, 1950, and that death occurred at 5:30A m., from the causes and on the date stated above.

SIGNATURE Elsie G. Fisher (Degree or title) ADDRESS 308 N Division St, Salisbury Md DATE SIGNED 12/8/50

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF 12-10-50

NAME OF CEMETERY OR CREMATORY Quantico Cemetery

LOCATION (City, town, or county) (State) Quantico, Va

DATE REC'D BY LOCAL REG. 12-9-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR J. Richard Johnson ADDRESS Parksley, Va

98899

RECEIVED
DEC 13 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

12784

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards; LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards
STREET ADDRESS (If rural, give location) no #

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) James (Last) Massey
4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 20, 1902
9. AGE last birthday: 48 yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Willards
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L Beauchamp
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Elsie Massey Willards Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis (Chronic) — Interval Between Onset and Death: 3-4 years

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1946, 19..., to 12-18-50, 19..., that I last saw the deceased alive on 12-18-50, 19..., and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE: Isaac Lewis M.D. (Degree or title) ADDRESS: Willards DATE SIGNED: 12-19-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec 20, 1950 | NAME OF CEMETERY OR CREMATORY: New Hope | LOCATION (City, town, or county) (State): Willards, Md.

DATE REC'D BY LOCAL REG.: 12-22-50 | REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: M. Pasha Watson ADDRESS: Salisbury, Md.

DEC 28 1950
REAU Y. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12785

CERTIFICATE OF DEATH

Reg. Dist. No. 332

D Gilmore

1. PLACE OF DEATH
COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hattie (Middle) (Last) Matthews

4. DATE OF DEATH (Month) December (Day) 12 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		1865	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	WIDOW	WATERTOWN, N. Y.	USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	No	Mrs S. J. Atkinson Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumococcus Type XIV Bacteremia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia, Lobar	4 "
490X 108	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at Work ☐ Not Whilo At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/9, 1950, to 12/12, 1950, that I last saw the deceased alive on 12/12, 1950, and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David J. Gelhorn	M.D.	Salisbury Md.	Dec. 12/1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/15/50	Evergreen	Berlin Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-15-50	Mary W. Holloway.	Irma A Bunting	Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 25 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) N. Somerset Ave ✓

3. NAME OF DECEASED (Type or Print) (First) Nevelle (Middle) George (Last) Moore

4. DATE OF DEATH (Month) Dec. (Day) 31 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov. 15, 1898
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Pulmonary infarct?	~2 days
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c) Coronary infarct	~4 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis ~12 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1950, to Dec. 31, 1950, that I last saw the deceased alive on Dec. 31, 1950, and that death occurred at 5 55 A. m., from the causes and on the date stated above.

SIGNATURE Axel A. Paas (Degree or title) M.D. ADDRESS Deer's Head State Hosp., Salisbury Md. DATE SIGNED 12/31/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 1-2-51 NAME OF CEMETERY OR CREMATORY Crisfield Cemetery LOCATION (City, town, or county) Crisfield (State) Md

DATE REC'D BY LOCAL REG. 1-1-51 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Bradshaw Funeral Parlor ADDRESS Stanley Hussey 900 U

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY: Wicomico; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give near) OR TOWN: Salisbury, (Rural); LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dead on Arrival at the Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury,; STREET ADDRESS (If rural give location): 124 Delaware Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	E.	Morris	12-23- 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	colored	married	1892	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mechanic (automobile)	none	Rockawalkin, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
W W I		Eva Morris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured and dislocated vertebra of neck	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

822.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	S.Div.St. Ext.	Salisbury,	Wicomico	Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
12-23-50 6 p.m.		Automobile accident - Ran off roadway

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
[signature]	Dep. Medical Examiner, 502 N.Div.St. Salisbury, Md.	12/27/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	12-28-50	Mt. Calvery Cemetery	Fruitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-28-50	Mary W. Holloway	Booker M. West	Salisbury, Md

336.69

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Dr Laurey

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinnacle Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) I02 Philadelphia Ave.

3. NAME OF DECEASED (Type or Print): (First) Della (Middle) Murrell (Last) Newkirk

4. DATE OF DEATH: (Month) Dec. (Day) I2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May I5-I899

9. AGE last birthday: 5I yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Somerset Co. Near Princess Anne Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Robert Murrell

14. MOTHER'S MAIDEN NAME: Malinda Noble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Walter M. Newkirk I02 Phila. Ave.

18. MEDICAL CERTIFICATION — Salisbury, Maryland.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 24 hrs.

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12-50, 19..., to 12-12-, 1950, that I last saw the deceased alive on 12-12-, 1950, and that death occurred at 6.05 p.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Lee L. Laury M.D. — Fruitland, Md. — 12-12-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. I5-50 — NAME OF CEMETERY OR CREMATORY: Parson Cemetery — LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG. 12-13-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Company - Salisbury, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
STREET ADDRESS (If rural, give location) S Salisbury md

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H. (Last) Nichlos
4. DATE OF DEATH (Month) 12 (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1879
9. AGE last birthday 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer tenant
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Wm Nichlos

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20th, 1950, to Dec. 23rd, 1950, that I last saw the deceased alive on Dec. 23rd, 1950, and that death occurred at 12.05 P.m., from the causes and on the date stated above.

SIGNATURE William Emerick (Degree or title) M.D. — ADDRESS Helron-Md. — DATE SIGNED Dec. 25th 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12-27-50 — NAME OF CEMETERY OR CREMATORY Quantico Am — LOCATION (City, town, or county) Quantico (State) Md

DATE REC'D BY LOCAL REG. 12-26-5 — REGISTRAR'S SIGNATURE Mary W Holloway — 24. FUNERAL DIRECTOR Barker Mt West — ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. # 2	STREET ADDRESS (If rural, give location) R. D. # 2

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Catherine	(Last) Nicholson	4. DATE OF DEATH	(Month) Dec.	(Day) 17	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 13-1863	9. AGE last birthday 87 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY At own home	11. BIRTHPLACE (State or foreign country) Seaford Delaware	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME James D. Marvel	14. MOTHER'S MAIDEN NAME Mary Lingo						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. Lee W. Bounds (Daughter) R.D. #2					

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Valvular Heart Disease	6 yrs.
260x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Unknown
186a	(c) Diabetes -	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fall down Steps — 8 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) Wic	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from ....., 1944, to Dec 17, 1950, that I last saw the deceased alive on Dec 16, 1950, and that death occurred at 9:10A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hence R. Mann	MD	Salisbury Md	12/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec. 19-50	NAME OF CEMETERY OR CREMATORY Parson Cemetery	LOCATION (City, town, or county) (State) Salisbury Maryland.
DATE REC'D BY LOCAL REG. 12-19-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Holloway & Company - Salisbury, Md.	ADDRESS

Walter R. Holloway

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 532

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke | LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mattie (Middle) Lee (Last) Nutter
4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 6 1910
9. AGE last birthday: 40 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY: Factory Worker
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Howard Nichols
14. MOTHER'S MAIDEN NAME: Martha Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Owen Scott Nutter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	4 weeks
595X 132 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Brights Disease.	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) / INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/31, 1950, to 12/25, 1950, that I last saw the deceased alive on 12/25, 1950, and that death occurred at 130P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Richard Saunders M.D. | Nanticoke. Md | 12/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12-28-50 | NAME OF CEMETERY OR CREMATORY Nanticoke Church Cemetery | LOCATION (City, town, or county) Nanticoke, Wic. Md. (State)

DATE REC'D BY LOCAL REG. 12-28-50 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR ADDRESS Levin R. Wilson, Princess Anne, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 7yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 108 E. Dos Hills

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Allen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) RACHAEL (Last) Phippin

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 15, 1863

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William W. Mills

14. MOTHER'S MAIDEN NAME: Martha Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. W. Walter Stroman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

450.0
97

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Dec 4, 1950, that I last saw the deceased alive on Dec 4, 1950, and that death occurred at 1:10 P.m., from the causes and on the date stated above.

SIGNATURE: Lloyd L. Pearce — (Degree or title) M.D. — ADDRESS: Salisbury Md — DATE SIGNED: 12/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/6/50 — NAME OF CEMETERY OR CREMATORY: Allen Cemetery — LOCATION (City, town, or county): Allen — (State): Md.

DATE REC'D BY LOCAL REG.: 12-6-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hyatt & Johnson Co. — ADDRESS: Georgie C. Hyatt III

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Evidence for addition in #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

12793

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILM No. G 130 JAN 18 1951

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 10 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 407 E. Division St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS (If rural, give location) 407 E. Division St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Wesley	Riggin	Dec	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 14 1872	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	Home Contractor	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wesley Riggin	Martha Wimbrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Mrs. Emma S. Riggin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia from Illuminating Gas.	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None	
	(c)	

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178 A

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Salisbury	Wicomico	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
Dec. 24, 1950 5:15 p.m. (1/18/51 akc)		Accidental

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clerk of Trustees mkb		300 E Division St Salisbury Md	12/26/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/28/50	Parsons Cemetery	Salisbury Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-2-51	Mary W. Holloway	T. Dilley & Johnson Co.	

308V9 Burial C. Files

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Dr Gilmore

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) (First) Rufus (Middle) Purnell (Last) Rogers

4. DATE OF DEATH (Month) December (Day) 21 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7/5/1881
9. AGE last birthday 69 48 yrs. If under 1 year Months 5 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Salesman
10b. KIND OF BUSINESS OR INDUSTRY Ford Agency
11. BIRTHPLACE (State or foreign country) Laurel Del.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME James Rogers.
14. MOTHER'S MAIDEN NAME Elizabeth Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Everett Rogers Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Artery Occlusion	3 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Arteriosclerosis	5 yrs
93d	(c) Arteriosclerotic Heart Disease	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1950, to Dec. 21, 1950 that I last saw the deceased alive on Dec. 21, 1950, and that death occurred at 2 15 A.m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED Dec. 21 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/27/50
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL 12/27/50
REGISTRAR'S SIGNATURE Mary W. Halloway
24. FUNERAL DIRECTOR Dennis H. Burbage ADDRESS Berlin Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Dr. Laurey

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): R. D. # I

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Frank (Last) Rooks
4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 5- 1892
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Townsend Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Rooks
14. MOTHER'S MAIDEN NAME: Anna Costin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Sadie Ann Rooks (Wife) R. D. # I

18. MEDICAL CERTIFICATION — Salisbury, Maryland.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage.	6 hrs.
331X 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 48, to 12-19-50, 19....., that I last saw the deceased alive on 12-19, 19 50, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

SIGNATURE: Lee L. Laury, M.D. (Degree or title) ADDRESS: Fruitland DATE SIGNED: 12-19-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Dec. 22-50
NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park
LOCATION (City, town, or county) (State): Salisbury Maryland.

DATE REC'D BY LOCAL REG.: 12-20-50
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Holloway & Company - Salisbury, Md. ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33?

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location): 337 Willow Street ✓

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Ross

4. DATE OF DEATH: (Month) December (Day) 1 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored		11-28-50	yrs.		2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Salisbury. Md	USA

13. FATHER'S NAME: Isaac James Ross

14. MOTHER'S MAIDEN NAME: Ruth Virginia Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Isaac James Ross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) prematurity

776x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) "

159

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/28, 19..., to 12/1, 1950, that I last saw the deceased alive on 11/30, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. E. Farmer	M.D.	Peninsula General Hosp.	12/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12-2-50	Peninsula General Hospital	Salisbury, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-2-50	Mary W. Holloway	Peninsula General Hospital	Salisbury, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 335

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharptown — LENGTH OF STAY (in this place): 40 yr	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharptown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Rd.	STREET ADDRESS (If rural, give location): State Rd

3. NAME OF DECEASED (Type or Print) (First) Herman (Middle) Dolphin (Last) Speare			4. DATE OF DEATH (Month) 12 (Day) 24 (Year) 1950		
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: Sept 5, 1883	9. AGE last birthday: 67 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter (Retired)	10b. KIND OF BUSINESS OR INDUSTRY: None		11. BIRTHPLACE (State or foreign country): Md	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Joseph Speare			14. MOTHER'S MAIDEN NAME: Alpha McWilliams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If year, give war or dates of service)	16. SOCIAL SECURITY No.: 218, 12-1761	17. INFORMANT AND ADDRESS: Mrs Rosa Speare		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fresh Hemorrhage from Stomach	12 hours
15 IX Antecedent cause(s)		abt
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Stomach	2 yrs
46 b	(c) Anterior Sclerosis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mg, 1950, to Dec 24, 1950, that I last saw the deceased alive on Dec 24, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. H. Lynch	Md	Delmar Del	Dec 26-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 12/27/50	NAME OF CEMETERY OR CREMATORY: Taylors Cemetery	LOCATION (City, town, or county): Sharptown	(State): Md
DATE REC'D BY LOCAL REG.: 12/27/28	REGISTRAR'S SIGNATURE: Walter G. Mann	24. FUNERAL DIRECTOR: Paul J Smith	ADDRESS: Sharptown, Md	

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DEC 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12798

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 mo. 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Byrdtown

3. NAME OF DECEASED (Type or Print): (First) Lettie (Middle) (Last) Sterling

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug. 31, 1871

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Tyler

14. MOTHER'S MAIDEN NAME: Harriet Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — ~1.5yr.

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

934 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. d/Hypostatic pneumonia; d/Rheumatoid arthritis; d/Parkinson's disease; d/multiple decubitus ulcers.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1950, to Dec. 7, 1950, that I last saw the deceased alive on Dec. 7, 1950, and that death occurred at 1145 A. m., from the causes and on the date stated above.

SIGNATURE: Axel C. Paas, MD. (Degree or title) ADDRESS: Deer's Head State Hosp. Salisbury Md. DATE SIGNED: 12/7/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/10/50

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 12-7-50

REGISTRAR'S SIGNATURE: Mary M Holloway

24. FUNERAL DIRECTOR: Leonard D. Covington — ADDRESS: Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 11 1950
BUREAU T. S.

12799

Dr. Charles Fisher

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 Poplar Street	STREET ADDRESS (If rural, give location) 301 Poplar Street

3. NAME OF DECEASED (Type or Print)	(First) Sarah	(Middle) Priscilla	(Last) Timmons	4. DATE OF DEATH	(Month) Dec. (Day) 22 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 18-1882	9. AGE last birthday 68 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY At Own Home	11. BIRTHPLACE (State or foreign country) Salisbury Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Lambert Smullen	14. MOTHER'S MAIDEN NAME Julia Emory				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. Martha Green (Daughter)			

18. MEDICAL CERTIFICATION 301 Poplar St. Salisbury, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	10 hours
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Senility	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21, 1950, to 12/22, 1950, that I last saw the deceased alive on 12/21, 1950, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clara F. Fisher 300 N Division St. Salisbury, Md 12/23, '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec. 24-50	NAME OF CEMETERY OR CREMATORY Bethel Church Cemetery	LOCATION (City, town, or county) (State) Walston Md.
DATE REC'D BY LOCAL REG. 12 23 50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR ADDRESS Holloway & Company - Salisbury, Md.	

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 27 1990

12800

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 24 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Camden Ave Ext

3. NAME OF DECEASED (Type or Print) (First) LAIRD (Middle) EUGENE (Last) Todd

4. DATE OF DEATH (Month) (Day) (Year) December 16 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 14, 1897
9. AGE last birthday 53 yrs. If under 1 year Months 5 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesaler
10b. KIND OF BUSINESS OR INDUSTRY Tobacco
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Henry S. Todd, Sr.
14. MOTHER'S MAIDEN NAME Agnes Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY No. 214-10-9011
17. INFORMANT AND ADDRESS Mrs. Emily H. Todd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 mon.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

9.4a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-50, 19....., to 12-16-50, 19....., that I last saw the deceased alive on 12-16-50, 19....., and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE Lee L. Lawry (Degree or title) M.D. ADDRESS Fruitland Md. DATE SIGNED 12-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 12/18/50
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 12-19-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill II

49652

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 1950
BUREAU V. S

12801

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicimico — md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY Wicimico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico md
STREET ADDRESS (If rural, give location) Quantico md

3. NAME OF DECEASED (Type or Print) (First) Albertia (Middle) (Last) Walker
4. DATE OF DEATH (Month) 12 (Day) 3 (Year) 1950

5. SEX Female
6. COLOR OR RACE Cse.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 6-12-1891
9. AGE last birthday 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic.
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Quantico md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John T. Mitchell
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-14 6268
17. INFORMANT Alice Johnson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

593X Immediate cause (a) Hypertensive Heart Disease — 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Glomerulonephritis — 1 yr.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 22, 1949, to Dec 3, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE E. A. Purnell (Degree or title) M.D. ADDRESS Salisbury, md DATE SIGNED Dec. 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12-6-50 — NAME OF CEMETERY OR CREMATORY Quantico Com — LOCATION (City, town, or county) Quantico md. (State)
DATE REC'D BY LOCAL REG. 12-6-50 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Booker Holbeck — ADDRESS Salisbury md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 9 1950
BUREAU OF

Dr. Radamaker

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12802

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) R. D. # 2

3. NAME OF DECEASED (Type or Print): (First) Mollie (Middle) (Last) Wharton

4. DATE OF DEATH: (Month) Dec. (Day) I5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. I- 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): Salisbury , Maryland

12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: Frank Moore

14. MOTHER'S MAIDEN NAME: Elizabeth Hitchens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. W. Boyd Brittingham (Son)

18. MEDICAL CERTIFICATION Salisbury , Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

822.5 **Immediate cause** (a) Cervical Dislocation — Interval Between Onset and Death: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

170c (b) Crushed left chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Quantico Road (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) 12-15-50 12:45P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile overturned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Earl L Royer (Degree or title) M D. ADDRESS 502 N. Div. St. Salisbury, Md. DATE SIGNED 12/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec. 17-50

NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park

LOCATION (City, town, or county) (State): Salisbury . Maryland

DATE REC'D BY LOCAL REG. 12-16-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury Md.

RECEIVED
DEC 20 1950
BUREAU V. S.

12803

Dr. Carrie Hearn

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH · COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. # I Shad Point	STREET ADDRESS (If rural, give location) R. D. # I Shad Point

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) Edward	(Last) White	4. DATE OF DEATH	(Month) Dec.	(Day) 8	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 13-1900	9. AGE last birthday 50 yrs.	If under 1 year Months 9	Days 25	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building Construction	11. BIRTHPLACE (State or foreign country) Oxford Pa.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank White		14. MOTHER'S MAIDEN NAME Mary (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Mary J. White (Wife) R.D. # I	

18. MEDICAL CERTIFICATION Salisbury Md. Shad Point

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Embolism of Heart

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis.

(c) Arteriosclerosis.

420.1

47d

163X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infarct of Lung; Cancer of Right Lung.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct 15, 1950, to Dec 8th, 1950, that I last saw the deceased alive on Dec 7th, 1950, and that death occurred at 9:25 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Carrie J. Hearn Md	MD	2 3-W Church St Salisbury	12/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec. 11-1950	NAME OF CEMETERY OR CREMATORY Parsons Cem.	LOCATION (City, town, or county) (State) Salisbury Maryland.
DATE REC'D BY LOCAL REG. 12-9-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Holloway & Company - Salisbury, Md.	ADDRESS

Walter R. Holloway 30819

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 13 1950
BUREAU V. S.

12804

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (In this place) 3 Mons
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendly Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) S. Division St.

3. NAME OF DECEASED (Type or Print) (First) ISSAC (Middle) HARVEY (Last) WHITELEY
4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec. 11, 1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Clothing
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas B. Whiteley
14. MOTHER'S MAIDEN NAME Margaret A. Nichols
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Wm G. Higgins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coma	24 hrs
581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of liver	4 yrs
124b	(c) Chronic Nephritis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1950, to Dec 11, 1950, that I last saw the deceased alive on Dec 10, 1950, and that death occurred at 6.30 A m., from the causes and on the date stated above.

SIGNATURE J. H. Lynch (Degree or title) MD ADDRESS Delmar Del. DATE SIGNED 12-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/13/50
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. Dec. 13-1950
REGISTRAR'S SIGNATURE Harry E. Hudson
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill IV 15665

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12805

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Chad Point — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Chad Point
HOSPITAL OR INSTITUTION, OR STREET ADDRESS Salisbury Md. R.D.#1.	STREET ADDRESS (If rural, give location) Salisbury Md. R.D.#1.

3. NAME OF DECEASED (Type or Print)	(First) Samuel	(Middle) —	(Last) Williams	4. DATE OF DEATH	(Month) Dec.	(Day) 1-	(Year) 19 50	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Jan. 1- 1896	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Laundress	10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (State or foreign country) Chad Point Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frederick A. Williams		14. MOTHER'S MAIDEN NAME Ida M. Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. Edna F. Williams (Wife)

18. MEDICAL CERTIFICATION R.D.#1. Salisbury Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma - lungs & liver. — ?

154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46d (b) Carcinoma of Rectum. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/13/50	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum.	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 2, 1950, to Dec. 1, 1950, that I last saw the deceased alive on Dec 1, 1950, and that death occurred at 10.35a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert H. Yeaman	M.D.	238 Camden Ave; Salisbury, Md	12-2-50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Dec. 3-50	Chad Point Cem.	Chad Point	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-2-50	Mary W. Holloway	Holloway & Co. Walter R. Holloway	Salisbury Md. 308 V 9

RECEIVED
DEC 6 1950
BUREAU V. S

12806

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 602 N. 2nd St

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) WASHINGTON (Last) WILKERSON

4. DATE OF DEATH (Month) 12 (Day) 26 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-5-1888
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Clyde Hastings Delmar Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastasis to brain	3 weeks
170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Breast	3 yrs
50	(c) Metastasis to bones, ribs & rt shoulder joint	1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct 1947
19b. MAJOR FINDINGS OF OPERATION Removal of rt Breast (carcinoma)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Dec 26, 1950, that I last saw the deceased alive on Dec 26, 1950, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J H Lynch ADDRESS Delmar Del DATE SIGNED Dec 29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 30 1950
NAME OF CEMETERY OR CREMATORY M E Cemetery
LOCATION (City, town, or county) (State) Delmar, Del

DATE REC'D BY LOCAL REG. December 29.50
REGISTRAR'S SIGNATURE Harry E Hudson
24. FUNERAL DIRECTOR W. S. Mason Co ADDRESS Delmar, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 8 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12807

CERTIFICATE OF DEATH

Reg. Dist. No. 832

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Rt 6 — LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springhill Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nannie (Middle) (Last) Winterbottom

4. DATE OF DEATH: (Month) Dec (Day) 6 (Year) 1950

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: Oct 16, 1863 — 9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none — 10b. KIND OF BUSINESS OR INDUSTRY: none — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harrison T. Winterbottom — 14. MOTHER'S MAIDEN NAME: Mary Ellen Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT AND ADDRESS: Grayson Winterbottom, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1950, to Dec 6, 1950, that I last saw the deceased alive on Dec 6 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE: Hubert C Insley — (Degree or title) M d — ADDRESS: Salisbury Md — DATE SIGNED: 12-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12/12/1950 — NAME OF CEMETERY OR CREMATORY Christ Church Cemetery — LOCATION (City, town, or county) Cambridge, Maryland (State)

DATE REC'D BY LOCAL REG. 12-13-50 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR LeCompte Funeral Service, — ADDRESS Cambridge, Maryland

RECEIVED
DEC 16 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12808

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Route #2 | LENGTH OF STAY (in this place) about 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location) P.O. Salisbury Route #1

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) P. (Last) Wright

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: a b

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 12-28-1880

9. AGE last birthday: 69 yrs. | If under 1 year: Months 11 Days 14 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Somerset Co, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harmon

14. MOTHER'S MAIDEN NAME: Mary Dutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs. Queen E. Furniss - Salisbury Md. Rt. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 1 year 26 days

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1949, to Dec 12, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

SIGNATURE: H. Purnell | (Degree or title) M.D. | ADDRESS 800 W. Main St. Salisbury, Md | DATE SIGNED Dec. 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12-17-50 | NAME OF CEMETERY OR CREMATORY: Family Lot - Mt. Calvary | LOCATION (City, town, or county) (State): Fruitland, Wicomico Co. Md.

DATE REC'D BY LOCAL REG. 12-16-50 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: James E. Dashiell, Salisbury, Md. | ADDRESS

RECEIVED
DEC 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12809

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1512 N. Division St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 1512 N. Division St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MINNIE	SPARKS	WRIGHT	12	28	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Feb. 20, 1884	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Sam Sparks
14. MOTHER'S MAIDEN NAME: Jane Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: E. G. B. Wright Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion.	2 months
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Cerebrovascular Heart Disease.	(?)
932	(c) Cerebral Hemorrhage.	1 week.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 18, 1950, to Dec 28, 1950, that I last saw the deceased alive on Dec 28, 1950, and that death occurred at 11:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John H. Yeaman M.D.	238 Camden Ave; Salisbury, Md.	1/1/51.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/31/50	Parsons Cemetery	Salisbury	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-8-51	Mary W. Holloway	The Hill & Johnson Co. George C. Hill II	

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JAN 11 1951
BUREAU Y. S.